

**Child Developmental Disability
Assessment Only (CDAO)**

Client Eligibility Criteria	<p>Child, ages 3 through 17 years, who:</p> <ul style="list-style-type: none"> • are seeking or needing Developmental Disability services, AND • have completed a current LME Screening/Triage/Referral (STR) process, AND • have received a current LME STR triage determination of "Urgent" or "Routine", AND • have been referred by the LME STR to the provider for assessment, AND • have been determined by the provider <u>not to be eligible for any other MH, DD, or SA Target Population</u>, AND • have been determined by the provider <u>not to be eligible for Medicaid services</u>. <p>The purpose of the Assessment Only target population is to provide a mechanism to reimburse a provider for a single service or assessment event that has been provided to a consumer, but for whom the provider determines that the consumer does not meet eligibility requirements for any other Target Population or for Medicaid services. Pending record requirements in APSM 45-2 apply.</p>
ICD-9 Diagnosis Ranges	<p>Any Valid ICD-9</p> <p align="center">~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in CDAO and any other MH, DD, or SA Target Population category at the same time.</p> <p align="center">~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Service Array	<p align="center">Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Provider Restrictions	<p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled DD Provider or Multi-Service w/SA Provider</p>
Funding Source(s)	<p>Child DD State UCR (0 to 5 only) - 536948 1390 221 00 (Only in accordance with the Client Eligibility Criteria guidelines for 3 to 5 year olds) Child DD EHA (0 to 3 only) – 536948 1391 251 5C Child DD SSBG - 536945 1391 251 Q7 Child DD State UCR – 536945 1390 221 00</p> <p align="center">~~~~~</p> <p>For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Utilization Management	<p>Up to 1 periodic service event within a current episode of care, and up to 2 periodic service events within the fiscal year, after which prior approval is required or current eligibility enrollment in another Target Population category.</p>

**Child Developmental Disability
Developmental Disability (CDSN)**

Client Eligibility Criteria	<p>Child, over the age of 3 and under the age of 18, screened eligible as Developmentally Disabled in accordance with the current functional definition in GS 122C-3(12a)</p> <p>Developmental Disability Assessment based on NC SNAP 1 through 5.</p> <p>Re-assessment required annually</p> <p>~~~~~</p> <p>NOTES:</p> <p>Developmental Disability means a severe, chronic disability of a person which:</p> <ul style="list-style-type: none"> • Is attributable to a mental or physical impairment or combination of mental and physical impairments; • Is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22; • Is likely to continue indefinitely; • Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and • Reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated. <p>** Eligibility categories for this population group are being phased into CDSN from the previous SNAP level categories (CDSN1, CDSN2, CDSN3, CDSN4, and CDSN5). Upon reassessment of a CDSN* client during FY03-04, do not re-enroll in the existing level category but instead submit new enrollment, if applicable, in CDSN. **</p>
ICD-9 Diagnosis Ranges	<p>Any Valid ICD-9</p> <p>~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in both CDSN* and CDAO at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>

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**Child Developmental Disability
Developmental Disability (CDSN)
(continued)**

Service Array	Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Provider Restrictions	Billing Provider – Area Program or LME Attending Provider – Multi-Service Provider or Enrolled DD Provider or Multi-Service w/SA Provider
Funding Source(s)	Developmental Therapy – 536945002 1391 221 00 (procedure code H2014, H2014:HM, H2014:HQ, H2014:U1) Child DD SSBG - 536945 1391 251 Q7 Child DD State UCR – 536945 1390 221 00 ~~~~~ For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Utilization Management	Individualized service plan with annual review. Plan may be revised during the year, with authorization, if service needs change.

**Child Developmental Disability
Community Enhancement Program (CDCEP)**

Client Eligibility Criteria	<p>A single, special recipient (State Enrolled 'John Doe' client) will be used to report these services to IPRS. Individual consumers are not to be enrolled in this target population.</p> <p align="center">~~~~~</p> <p>NOTES: Client may be identified in CNDS as '(local facility code)CDD001'</p>
ICD-9 Diagnosis Ranges	<p>Any Valid ICD-9</p> <p align="center">~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in CDCEP.</p> <p align="center">~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>

Service Array	<p>Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Provider Restrictions	<p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled DD Provider or Multi-Service w/SA Provider</p>
Funding Source(s)	<p>Child DD State UCR (0 to 5 only) - 536948 1390 221 00 (Only in accordance with the Client Eligibility Criteria guidelines for 3 to 5 year olds) Child DD EHA (0 to 3 only) – 536948 1391 251 5C Child DD State UCR – 536945 1390 221 00</p> <p align="center">~~~~~</p> <p>For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Utilization Management	<p>Area Program specific audits may be implemented to limit the amount of State UCR funds accessible to the population group.</p>